

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
All Prescribers
Nursing Home Administrators
Managed Care Organizations

Memorandum No: 06-12

Issued: March 1, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:

800.562.3022 or

<http://maa.dshs.wa.gov/contact/prucontact.asp>

or visit the pharmacy web site at:

<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Additions and Changes to the Washington PDL,
Changes to EPA List, and Additions to the List of Limitations on Certain Drugs**

Effective for claims with dates of service on and after April 1, 2006, unless otherwise noted, the Health and Recovery Services Administration (HRSA) will implement the following:

- Additions to the Washington Preferred Drug List (PDL);
- Changes to the PDL;
- Removal of drugs from HRSA's Expedited Prior Authorization (EPA) List/Criteria; and
- Additions to the list of Limitations on Certain Drugs.

Therapeutic Drug Class *Additions* to be Implemented as Part of the Washington PDL

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Antiplatelets (*Not subject to TIP. See pg. M.1.)	Brand: Aggrenox [®] (<i>aspirin/dipyridamole</i>)* Plavix [®] (<i>clopidogrel bisulfate</i>)* *EPA required	Generic: ticlopidine Brand: Ticlid [®] (<i>ticlopidine</i>)

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Attention Deficit/Hyperactivity Disorder (*Not subject to TIP. See pg. M.1.)	Generic: amphetamine salt combo dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA Brand: Adderall XR [®] (<i>amphet asp/amphet/d-amphet</i>) Concerta [®] (<i>methylphenidate</i>) Focalin [®] (<i>dexmethylphenidate</i>) Focalin XR [®] (<i>dexmethylphenidate</i>) Metadate CD [®] (<i>methylphenidate</i>) Ritalin LA [®] (<i>methylphenidate</i>) Strattera [®] (<i>atomoxetine hcl</i>)	Generic: pemoline Brand: Adderall [®] (<i>amphet asp/amphet/d- amphet</i>) Dexedrine [®] (<i>d-amphetamine</i>) Dexedrine SA [®] (<i>d-amphetamine</i>) Dextrostat [®] (<i>d-amphetamine</i>) Metadate ER [®] (<i>methylphenidate</i>) Methylin [®] (<i>methylphenidate</i>) Methylin ER [®] (<i>methylphenidate</i>) Ritalin [®] (<i>methylphenidate</i>) Ritalin SR [®] (<i>methylphenidate</i>)

Therapeutic Drug Class *Changes* to be Implemented as Part of the Washington PDL

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Overactive Bladder/Urinary Incontinence	Generic short acting: oxybutynin tablets/syrup Brand long acting: Vesicare [®] (<i>solifenacin succinate</i>)	Generic short acting: flavoxate Brand short acting: Detrol [®] (<i>tolterodine tartrate</i>) Ditropan [®] (<i>oxybutynin chloride</i>) Sanctura [®] (<i>trospium chloride</i>) Urispas [®] (<i>flavoxate hcl</i>) Brand long acting: Detrol LA [®] (<i>tolterodine tartrate</i>) Ditropan XL [®] (<i>oxybutynin chloride</i>) Enablex [®] (<i>darifenacin hydrobromide</i>) Oxytrol [®] (<i>oxybutynin chloride</i>)
Proton Pump Inhibitors	Generic: Prilosec OTC [®] (<i>omeprazole</i>) tablets Prevacid [®] (<i>lansoprazole</i>) capsules Prevacid [®] SoluTab (<i>lansoprazole</i>) * Prevacid [®] Suspension (<i>lansoprazole</i>) * *EPA required	Generic: omeprazole Rx Brand: Aciphex [®] (<i>rabeprazole</i>) Nexium [®] (<i>esomeprazole</i>) Prilosec [®] Rx (<i>omeprazole</i>) Protonix [®] (<i>pantoprazole</i>) Zegerid [®] (<i>omeprazole</i>)

Drugs Removed from HRSA's EPA List/Criteria

Drug
Adderall [®] (<i>amphet asp/amphet/d-amphet</i>)
Adderall XR [®] (<i>amphet asp/amphet/d-amphet</i>)
Concerta [®] (<i>methylphenidate</i>)
Dexedrine [®] (<i>d-amphetamine</i>)
Dextrostat [®] (<i>d-amphetamine</i>)
Focalin [®] (<i>dexmethylphenidate</i>)
Focalin XR [®] (<i>dexmethylphenidate</i>)
Metadate CD [®] (<i>methylphenidate</i>)
Ritalin LA [®] (<i>methylphenidate</i>)
Strattera [®] (<i>atomoxetine hcl</i>)

Additions to the List of Limitations (dose and age) on Certain Drugs

Drug	Dosing Limitations	Age Limitations *
Metadate ER [®] , Methylin [®] , Methylin ER [®] , methylphenidate, methylphenidate SR, Ritalin [®] , Ritalin SR [®]	120 mg per day	5 years of age and older
Concerta [®] (<i>methylphenidate ER</i>)	120 mg per day as a single daily dose	5 years of age and older
Ritalin LA [®] (<i>methylphenidate ER</i>)	120 mg per day as a single daily dose	5 years of age and older
Metadate CD [®] (<i>methylphenidate ER</i>)	120 mg per day as a single daily dose	5 years of age and older
Dexedrine [®] , Dextrostat [®] , dextroamphetamine	60 mg per day	5 years of age and older
Adderall [®] , amphetamine salt combo, Dexedrine spansule [®] (<i>dextroamphetamine ER</i>)	60 mg per day	5 years of age and older
Adderall XR [®] (<i>amphetamine salt combo ER</i>)	60 mg per day as a single daily dose	5 years of age and older
Focalin [®] (<i>dexmethylphenidate</i>)	60 mg per day	5 years of age and older
Focalin XR [®] (<i>dexmethylphenidate ER</i>)	60 mg per day as a single daily dose	5 years of age and older

* Children less than five years of age require prior authorization.

Note: DAW-1 by an endorsing prescriber does not override age or dosing limits for the ADHD drugs listed.

To view HRSA's current list of Limitations on Certain Drugs,
go to:

<http://maa.dshs.wa.gov/pharmacy/DrugAuth.htm>

Billing Instructions Replacement Pages

Attached are replacement pages H.7 - H.14, H.17 - H.18, and a new section N for HRSA's current *Prescription Drug Program Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WaMedWeb at <https://wamedweb.acs-inc.com>.

How can I get HRSA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Prescription Drug Program

Drug	Code	Criteria
Abilify® (aripiprazole)	015	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
Accutane® (isotretinoin)		Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be absent : <ul style="list-style-type: none"> a) Paraben sensitivity; b) Concomitant tretinate therapy; and c) Hepatitis or liver disease.
	001	Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.
	002	Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.
	003	Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.
	004	Prevention of skin cancers in patients with xeroderma pigmentosum.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.
Adderall® (amphetamine/ dextro- amphetamine)	026	Diagnosis of Attention Deficit /Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
	027	Diagnosis of narcolepsy by a neurologist or sleep specialist, following documented positive sleep latency testing and the prescriber is an authorized schedule II prescriber.
	087	Depression associated with end stage illness and the prescriber is an authorized schedule II prescriber.

Prescription Drug Program

Drug	Code	Criteria
Adderall XR® (<i>amphetamine/dextro-amphetamine</i>)	094	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and all of the following: a) The prescriber is an authorized schedule II prescriber; and b) Total daily dose is administered as a single dose.
Aggrenox® (<i>aspirin/dipyridamole</i>)	037	To reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis, and all of the following: a) The patient has tried and failed aspirin or dipyridamole alone; and b) The patient has no sensitivity to aspirin.
Altace® (<i>ramipril</i>)	020	Patients with a history of cardiovascular disease.
Ambien® (<i>zolpidem tartrate</i>)	006	Treatment of insomnia. Drug therapy is limited to 10 units in 30 days.
Ambien CR® (<i>zolpidem tartrate</i>)		See criteria for Ambien®.
Angiotensin Receptor Blockers (ARBs) Atacand® (<i>candesartan cilexetil</i>) Atacand HCT® (<i>candesartan cilexetil/HCTZ</i>) Avalide® (<i>irbesartan/HCTZ</i>) Avapro® (<i>irbesartan</i>) Benicar® (<i>olmesartan medoxomil</i>) Cozaar® (<i>losartan potassium</i>) Diovan® (<i>valsartan</i>) Diovan HCT® (<i>valsartan/HCTZ</i>) Hyzaar® (<i>losartan potassium/HCTZ</i>) Micardis® (<i>telmisartan</i>) Micardis HCT® (<i>telmisartan/HCTZ</i>) Teveten® (<i>eprosartan mesylate</i>) Teveten HCT® (<i>eprosartan mesylate/HCTZ</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.


Prescription Drug Program

Drug	Code	Criteria
Anzemet® (dolasetron mesylate)	127	Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.
Arava® (leflunomide)	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist at a loading dose of 100mg per day for three days and then up to 20mg daily thereafter.
Avinza® (morphine sulfate)	040	Diagnosis of cancer-related pain.
Calcium w/Vitamin D Tablets	126	Confirmed diagnosis of osteoporosis, osteopenia, or osteomalacia.
Campral® (acamprosate sodium)	041	<p>Diagnosis of alcohol dependency. Must be used as adjunctive treatment with a Division of Alcohol and Substance Abuse (DASA) state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610. Treatment is limited to 12 months. The patient must also meet all of the following criteria:</p> <ul style="list-style-type: none"> a) Must have finished detoxification and must be abstinent from alcohol before the start of treatment; b) Must not be a poly-substance abuser; and c) Must be able to clear the drug renally (creatinine clearance greater than 30 ml/min). <p>Note: A Campral authorization form [DSHS 13-749] must be completed and kept on file with the pharmacy before the drug is dispensed. To download a copy, go to: http://www1.dshs.wa.gov/msa/forms/eforms.html.</p>
Celebrex®	062	<p>All of the following must apply</p> <ul style="list-style-type: none"> a) An absence of a history of ulcer of gastrointestinal bleeding; and b) An absence of a history of cardiovascular disease.

Prescription Drug Program

Drug	Code	Criteria
Clozapine: Clozaril®	018	All of the following must apply: a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 17 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above.
Concerta® (methylphenidate HCl)	026	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
Copegus® (ribavirin)	010	Diagnosis of chronic hepatitis C virus infection in patients 18 years of age or older. Patient must be on concomitant alpha interferon or pegylated alpha interferon therapy (not to be used as monotherapy).
Coreg® (carvedilol)	057	Diagnosis of congestive heart failure.
Dexedrine® (D-amphetamine sulfate)	See criteria for Adderall®.	
Dextrostat® (D-amphetamine sulfate)	See criteria for Adderall®.	
Duragesic® (fentanyl)	040	Diagnosis of cancer-related pain.
Enbrel® (etanercept)	017	Treatment of rheumatoid arthritis or ankylosing spondylitis when prescribed by a rheumatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more Disease Modifying Anti Rheumatoid Drug (DMARD).
	024	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more DMARD.
	025	Treatment of plaque psoriasis in patients 18 years of age and older when prescribed by a rheumatologist or dermatologist. Dose not to exceed 50mg subcutaneously twice weekly for the first three months of therapy and not to exceed 50mg weekly thereafter.

Prescription Drug Program

Drug	Code	Criteria
Fazaclo[®] (clozapine)	012	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 18 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above; and d) Must have tried and failed generic clozapine.
Focalin[®] (dexamethylphenidate HCl)		See criteria for Concerta [®]
Focalin XR[®] (dexamethylphenidate HCl)	061	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and all of the following <ul style="list-style-type: none"> a) The prescriber is an authorized schedule II prescriber; b) Total daily dose is administered as a single dose; and c) The patient is six years of age or older.
Gabitril[®] (tiagabine HCl)	036	Treatment of seizures.
Geodon[®] (ziprasidone HCl)	046	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
 Note: Because Geodon [®] prolongs the QT interval (< Seroquel [®] > Risperdal [®] > Zyprexa [®]), it is contraindicated in patients with a known history of QT prolongation (including a congenital long QT syndrome), with recent acute myocardial infarction, or with uncompensated heart failure; and in combination with other drugs that prolong the QT interval.		
Geodon[®] IM Injection (ziprasidone mesylate)	058	All of the following must apply: <ul style="list-style-type: none"> a) Diagnosis of acute agitation associated with schizophrenia; b) Patient is 18 years of age or older; and c) Maximum dose of 40mg per day and no more than 3 consecutive days of treatment.
Glycolax[®] Powder (polyethylene glycol)	021	Treatment of occasional constipation. Must have tried and failed a less costly alternative.

Prescription Drug Program


Drug	Code	Criteria
Humira Injection[®] (adalimumab)	028	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Infergen[®] (interferon alfacon-1)	134	Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA.
Intron A[®] (interferon alpha-2b recombinant)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	033	Diagnosis of chronic hepatitis B in patients 1 year of age and older.
	107	Diagnosis of malignant melanoma in patients 18 years of age and older.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
	135	Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.
Kadian[®] (morphine sulfate)	040	Diagnosis of cancer-related pain.
KeppraTM (levetiracetam)		See criteria for Gabitril [®]
Kineret Injection[®] (anakinra)	029	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients 18 years of age and older who have tried and failed one or more DMARD. Daily dose not to exceed 100mg subcutaneously.

Prescription Drug Program

Drug	Code	Criteria
Kytril® (<i>granisetron HCl</i>)	127	Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.
	128	Prevention of nausea or vomiting associated with radiation therapy.
Lamisil® (<i>terbinafine HCl</i>)		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Levorphanol	040	Diagnosis of cancer-related pain.
Lotrel® (<i>amlodipine-besylate/benazepril</i>)e	038	Treatment of hypertension as a second-line agent when blood pressure is not controlled by any:
	a)	ACE inhibitor alone; <u>or</u>
	b)	Calcium channel blocker alone; <u>or</u>
	c)	ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.
Lunesta™ (<i>eszopiclone</i>)		See criteria for Ambien.®
Lyrica® (<i>pregabalin</i>)	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
Metadate CD® (<i>methylphenidate HCl</i>)		See criteria for Concerta®
Miralax® (<i>polyethylene glycol</i>)		See criteria for Glycolax Powder®
Naltrexone		See criteria for ReVia®.

Drug	Code	Criteria
Nephrocaps[®]	096	Treatment of patients with renal disease.
Nephro-FER[®] (<i>ferrous fumarate/ folic acid</i>) Nephro-Vite[®] (<i>vitamin B comp W-C</i>) Nephro-Vite RX[®] (<i>folic acid/vitamin B comp W-C</i>) Nephro-Vite+FE[®] (<i>fe fumarate/FA/vitamin B comp W-C</i>) Nephron FA[®] (<i>fe fumarate/doss/FA/B comp & C</i>)		
Neurontin[®] (<i>gabapentin</i>)	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
Non-Steroidal Anti- Inflammatory Drugs (NSAIDs)	141	An absence of a history of ulcer or gastrointestinal bleeding.
Ansaid[®] (<i>flurbiprofen</i>) Arthrotec[®] (<i>diclofenac/misoprostol</i>) Bextra[®] (<i>valdecoxib</i>) Cataflam[®] (<i>diclofenac</i>) Clinoril[®] (<i>sulindac</i>) Daypro[®] (<i>oxaprozin</i>) Feldene[®] (<i>piroxicam</i>) Ibuprofen Indomethacin Lodine[®], Lodine XL[®] (<i>etodolac</i>) Meclofenamate Mobic[®] (<i>meloxicam</i>) Nalfon[®] (<i>fenoprofen</i>) Naprelan[®], Naprosyn[®] (<i>naproxen</i>) Orudis[®], Oruvail[®] (<i>ketoprofen</i>) Ponstel[®] (<i>mefenamic acid</i>) Relafen[®] (<i>nabumetone</i>) Tolectin[®] (<i>tolmetin</i>) Toradol[®] (<i>ketorolac</i>) Vicoprofen[®] (<i>ibuprofen/hydrocodone</i>) Voltaren[®] (<i>diclofenac</i>)		

Prescription Drug Program

Drug	Code	Criteria
		a) Acute liver disease; and b) Liver failure; and c) Pregnancy.
		 Note: A ReVia® (Naltrexone) Authorization Form [DSHS 13-677] must be on file with the pharmacy before the drug is dispensed. To download a copy, go to: http://www1.dshs.wa.gov/msa/forms/eforms.html
Ribavirin		See criteria for Copegus®.
Risperdal® (risperidone)	054	All of the following must apply: a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
Risperdal Consta® IM Injection (risperidone microspheres)	059	All of the following must apply: a) There must be an appropriate DSM IV diagnosis; b) Patient is 18 years of age or older; c) Documented response to oral risperidone monotherapy; d) Documented history of noncompliance; e) Tolerance to greater than or equal to 2mg/day of oral risperidone; f) Patient is not on concurrent carbamazepine therapy; and g) Maximum dose shall not exceed 50mg or be more frequent than every 2 weeks.
Ritalin LA® (methylphenidate HCl)		See criteria for Concerta®.
Roferon-A® (interferon alpha-2a recombinant)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	080	Diagnosis of chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) when treatment started within one year of diagnosis.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.

Prescription Drug Program

Drug	Code	Criteria
Rozerem [®] (ramelteon)		See criteria for Ambien [®] .
Seroquel [®] (quetiapine fumarate)		See criteria for Risperdal [®] .
Sonata [®] (zaleplon)		See criteria for Ambien [®] .
Soriatane [®] (acitretin)	064	Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy.
Sporanox [®] (itraconazole)		Must not be used for a patient with cardiac dysfunction such as congestive heart failure.
	047	Treatment of systemic fungal infections and dermatomycoses. Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Strattera [®] (atomoxetine HCl)	007	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD).
Suboxone [®] (buprenorphine-naloxone)	019	Before this code is allowed, the patient must meet <u>all</u> of the following criteria. The patient: a) Is 16 years of age or older; b) Has a <u>DSM-IV-TR</u> diagnosis of opioid dependence; c) Is psychiatrically stable or is under the supervision of a mental health specialist;

Washington Preferred Drug List

What is the Washington Preferred Drug List?

HRSA, in coordination with the Health Care Authority (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a selected therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness.

HRSA requires pharmacies to obtain prior authorization for nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL).

Note: HRSA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem® /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorothiazide, rather than Benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	Generic: Captopril Enalapril Lisinopril Benazepril Brand: Altace® (<i>ramipril</i>)* *EPA required	Brand: Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Capoten® (<i>captopril</i>) Mavik® (<i>trandolapril</i>) Monopril® (<i>fosinopril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)
Antiplatelets (*Not subject to TIP. See pg. M.1.)	Brand: Aggrenox® (aspirin/dipyridamole)* Plavix® (<i>clopidogrel</i> <i>bisulfate</i>)* *EPA required	Generic: ticlopidine Brand: Ticlid® (<i>ticlopidine</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Attention Deficit/Hyperactivity Disorder</p> <p>(*Not subject to TIP. See pg. M.1.)</p>	<p>Generic: amphetamine salt combo dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA</p> <p>Brand: Adderall XR[®] (<i>amphet asp/amphet/d-amphet</i>) Concerta[®] (<i>methylphenidate</i>) Focalin[®] (<i>dexmethylphenidate</i>) Focalin XR[®] (<i>dexmethylphenidate</i>) Metadate CD[®] (<i>methylphenidate</i>) Ritalin LA[®] (<i>methylphenidate</i>) Strattera[®] (<i>atomoxetine hcl</i>)</p>	<p>Generic: pemoline</p> <p>Brand: Adderall[®] (<i>amphet asp/amphet/d-amphet</i>) Dexedrine[®] (<i>d-amphetamine</i>) Dexedrine SA[®] (<i>d-amphetamine</i>) Dextrostat[®] (<i>d-amphetamine</i>) Metadate ER[®] (<i>methylphenidate</i>) Methylin[®] (<i>methylphenidate</i>) Methylin ER[®] (<i>methylphenidate</i>) Ritalin[®] (<i>methylphenidate</i>) Ritalin SR[®] (<i>methylphenidate</i>)</p>
Beta Blockers	<p>Generic: Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol</p> <p>Brand: Coreg[®] (<i>carvedilol</i>)* *EPA required</p>	<p>Generic: Acebutolol Betaxolol Bisoprolol Labetalol</p> <p>Brand: Blocadren[®] (<i>timolol</i>) Cartrol[®] (<i>carteolol</i>) Corgard[®] (<i>nadolol</i>) Inderal[®] /LA (<i>propranolol</i>) Innopran XL[®] (<i>propranolol</i>) Kerlone[®] (<i>betaxolol</i>) Levitol[®] (<i>penbutolol</i>) Lopressor[®] (<i>metoprolol</i>) Normodyne[®] (<i>labetalol</i>) Sectral[®] (<i>acebutolol</i>) Tenormin[®] (<i>atenolol</i>) Toprol XL[®] (<i>metoprolol succinate</i>) Trandate[®] (<i>labetalol</i>) Visken[®] (<i>pindolol</i>) Zebeta[®] (<i>bisoprolol</i>)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Calcium Channel Blockers	Generic: Diltiazem /XR Nifedipine XR Verapamil /XR Brand: Norvasc® (<i>amlodipine</i>)	Generic: felodipine nicardipine Brand: Adalat® /CC (<i>nifedipine</i>) Calan® /SR (<i>verapamil</i>) Cardene® /SR (<i>nicardipine</i>) Cardizem® /CD/LA/SR (<i>diltiazem</i>) Cartia XT® (<i>diltiazem</i>) Dilacor® XR (<i>diltiazem</i>) Diltia XT® (<i>diltiazem</i>) DynaCirc® /CR (<i>isradipine</i>) Isoptin® /SR (<i>verapamil</i>) Plendil® (<i>felodipine</i>) Procardia® /XL (<i>nifedipine</i>) Sular® (<i>nisoldipine</i>) Taztia XT® (<i>diltiazem</i>) Tiazac® (<i>diltiazem</i>) Vascor® (<i>bepidil</i>) Verelan® /PM (<i>verapamil</i>)
Drugs to treat Alzheimer's Disease	Brand: Aricept® (<i>donepezil</i>) Exelon® (<i>rivastigmine</i>) Razadyne® (<i>galantamine</i>) Namenda® (<i>memantine</i>)	Cognex® (<i>tacrine</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	Generic: estradiol tablets Brand: Menest [®] (<i>esterified estrogens</i>) Premarin [®] cream (<i>conjugated equine estrogen vaginal cream</i>)	Generic: Brand: Cenestin [®] (<i>synthetic conjugated estrogens</i>) Climara [®] (<i>estradiol</i>) transdermal Esclim [®] (<i>estradiol</i>) transdermal Estrace [®] (<i>estradiol</i>) oral/vaginal Estraderm [®] transdermal Estring [®] (<i>estradiol</i>) vaginal ring Femring [®] (<i>estradiol</i>) vaginal ring Ogen [®] (<i>estropipate</i>) Premarin [®] (<i>conjugated estrogens</i>) oral Vagifem [®] (<i>estradiol</i>) vaginal tablets Vivelle [®] /DOT (<i>estradiol</i>) transdermal
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	Generic: ranitidine	Generic: cimetidine famotidine nizatidine Brand: Axid [®] (nizatidine) Pepcid [®] (famotidine) Tagamet [®] (cimetidine) Zantac [®] (ranitidine)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids	Generic: Brand: Aerobid/Aerobid-M [®] (flunisolide MDI) Azmacort [®] (triamcinolone acetone MDI) Flovent [®] (fluticasone propionate MDI) Flovent Rotadisk [®] (fluticasone propionate DPI) Qvar [®] (beclomethasone dipropionate MDI) Pulmicort Respules [®] (budesonide inhalation suspension)	Generic: Brand: Pulmicort Turbuhaler [®] (budesonide DPI)
Insulin-release stimulant type oral hypoglycemics	Generic immediate release: glyburide glipizide glyburide micronized	Generic: chlorpropamide tolazamide tolbutamide glipizide XR Brand: Amaryl [®] (<i>glimepiride</i>) Diabinese [®] (<i>chlorpropamide</i>) DiaBeta [®] (<i>glyburide</i>) Glucotrol [®] /XR (<i>glipizide</i>) Glynase [®] (<i>glyburide</i> <i>micronized</i>) Tolinase [®] (<i>tolazamide</i>) Micronase [®] (<i>glyburide</i>) Orinase [®] (<i>tolbutamide</i>) Prandin [®] (<i>repaglinide</i>) Starlix [®] (<i>nateglinide</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	Generic: methadone morphine sulfate SA/SR	Generic: levorphanol oxycodone ER Oramorph SR fentanyl transdermal Brand: Avinza [®] (<i>morphine sulfate ER</i>) Duragesic [®] (<i>fentanyl</i>) transdermal Kadian [®] (<i>morphine sulfate SR</i>) Levo-Dromoran [®] (<i>levorphanol</i>) MS Contin [®] (<i>morphine sulfate SA</i>) OxyContin [®] (<i>oxycodone ER</i>)
Non-Sedating Antihistamines (*Not subject to TIP. See pg. M.1.)	Generic: loratadine OTC Brand:	Generic: Brand: Allegra [®] (<i>fexofenadine</i>) Clarinox [®] (<i>desloratadine</i>) Claritin [®] (<i>loratadine</i>) Zyrtec [®] (<i>cetirizine</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal anti-inflammatory drugs (NSAID) Cyclo-oxygenase - 2 (Cox-II) Inhibitors	Generic: diclofenac potassium diclofenac sodium etodolac /XL fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen nabumetone naproxen sodium oxaprozin piroxicam salsalate sulindac tolmetin	Generic: Brand: Anaprox [®] /DS (<i>naproxen sodium</i>) Ansaid [®] (<i>flurbiprofen</i>) Bextra [®] (<i>valdecoxib</i>) Cataflam [®] (<i>diclofenac potassium</i>) Celebrex [®] (<i>celecoxib</i>) Clinoril [®] (<i>sulindac</i>) Daypro [®] (<i>oxaprozin</i>) Feldene [®] (<i>piroxicam</i>) Lodine [®] /XL (<i>etodolac</i>) Mobic [®] (<i>meloxicam</i>) Motrin [®] (<i>ibuprofen</i>) Naprelan [®] (<i>naproxen</i>) Naprosyn [®] /DS (<i>naproxen</i>) Orudis [®] (<i>ketoprofen</i>) Oruvail [®] (<i>ketoprofen</i>) Relafen [®] (<i>nabumetone</i>) Salflex [®] (<i>salsalate</i>) Voltaren [®] /XL (<i>diclofenac sodium</i>)
Overactive Bladder/Urinary Incontinence	Generic short acting: oxybutynin tablets/syrup Brand long acting: Vesicare [®] (<i>solifenacin succinate</i>)	Generic short acting: flavoxate Brand short acting: Detrol [®] (<i>tolterodine tartrate</i>) Ditropan [®] (<i>oxybutynin chloride</i>) Sanctura [®] (<i>trospium chloride</i>) Urispas [®] (<i>flavoxate hcl</i>) Brand long acting: Detrol LA [®] (<i>tolterodine tartrate</i>) Ditropan XL [®] (<i>oxybutynin chloride</i>) Enablex [®] (<i>darifenacin hydrobromide</i>) Oxytrol [®] (<i>oxybutynin chloride</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Proton Pump Inhibitors	Generic: Prilosec OTC [®] <i>(omeprazole)</i> tablets Prevacid [®] <i>(lansoprazole)</i> capsules Prevacid [®] SoluTab <i>(lansoprazole)</i> * Prevacid [®] Suspension <i>(lansoprazole)</i> * *EPA required	Generic: omeprazole Rx Brand: Aciphex [®] <i>(rabeprazole)</i> Nexium [®] <i>(esomeprazole)</i> Prilosec [®] Rx <i>(omeprazole)</i> Protonix [®] <i>(pantoprazole)</i> Zegerid [®] <i>(omeprazole)</i>
Second Generation Antidepressants <i>*not subject to therapeutic interchange program (TIP).</i>	Generic: bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl	Generic: fluvoxamine nefazodone Brand: Celexa [®] (citalopram) Cymbalta [®] (duloxetine HCl) Effexor [®] /XR (venlafaxine) Lexapro [®] (escitalopram oxalate) Luvox [®] (fluvoxamine) Paxil [®] /CR (paroxetine HCl) Pexeva [®] (paroxetine mesylate) Prozac [®] /Prozac Weekly [®] (fluoxetine HCl) Remeron [®] /soltab (mirtazapine) Serzone [®] (nefazodone) Wellbutrin [®] /SR/XL (bupropion/SR) Zoloft [®] (sertraline)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Skeletal Muscle Relaxants	Generic: baclofen cyclobenzaprine methocarbamol	Generic: carisoprodol chlorzoxazone orphenadrine tizanidine Brand: Dantrium [®] (<i>dantrolene</i>) Flexeril [®] (<i>cyclobenzaprine</i>) Lioresal [®] (<i>baclofen</i>) Norflex [®] (<i>orphenadrine</i>) Parafon Forte [®] (<i>chlorzoxazone</i>) Robaxin [®] (<i>methocarbamol</i>) Skelaxin [®] (<i>metaxalone</i>) Soma [®] (<i>carisoprodol</i>) Zanaflex [®] (<i>tizanidine</i>)
Statin-type cholesterol-lowering agents	Generic: lovastatin Brand: Lipitor [®] (<i>atorvastatin</i>) Pravachol [®] (<i>pravastatin</i>)	Generic: Brand: Lescol [®] /XL (<i>fluvastatin</i>) Mevacor [®] (<i>lovastatin</i>) Zocor [®] (<i>simvastatin</i>)
Triptans	Generic: Brand: Amerge [®] (<i>naratriptan</i>) Axert [®] (<i>almotriptan</i>) Frova [®] (<i>frovatriptan</i>) Imitrex [®] injection (<i>sumatriptan</i>) Imitrex [®] nasal spray (<i>sumatriptan</i>) Imitrex [®] tablets (<i>sumatriptan</i>) Maxalt MLT [®] (<i>rizatriptan</i>) Relpax [®] (<i>eletriptan</i>) Zomig [®] /ZMT (<i>zolmitriptan</i>)	Generic: Brand: Maxalt [®] (<i>rizatriptan</i>) Zomig [®] nasal spray (<i>zolmitriptan</i>)

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